



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

STATEMENT DATE 9/5/03	1. TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> AMENDED <input type="checkbox"/> NEW	2. IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 4/5/18	OFFICE USE ONLY 8/27
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3. FULL NAME OF COMMITTEE Citizens for McMillan		4. COMMITTEE MAILING ADDRESS 2840 Locust St. Louis Mo 63103		5. TELEPHONE NO. 6521992	
6. TREASURER'S NAME Maureen E. Davis		7. TREASURER'S MAILING ADDRESS 3320 Locust #808 St. Louis Mo 63103		8. TELEPHONE NO. HOME: 314 WORK: 6521992	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER		10. DEPUTY TREASURER'S ADDRESS		11. TELEPHONE NO. HOME: WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME		B. ADDRESS		C. TITLE	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCT. FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME AND ADDRESS OF BANK, SAVINGS & LOAN OR CREDIT UNION		B. ACCOUNT NAME		C. ACCOUNT NO.	
15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> CONTINUING <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> DEBT SERVICE		13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE			
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME		B. ADDRESS		C. TELEPHONE NO.	
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME		B. ADDRESS			
AMENDMENT					
SEP 11 2003					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) Michael McMillan		B. ELECTION DATE March 8, 2005		C. OFFICE SOUGHT Ward 19 Alderman	
19. BALLOT MEASURES SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S)		B. ELECTION DATE		C. SUBJECT AND POLITICAL SUBDIVISION City of St. Louis	
20. TREASURER'S STATEMENT (ALL COMMITTEES) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. TREASURER'S SIGNATURE Maureen E. Davis		21. CANDIDATE'S STATEMENT (CANDIDATE AND EXPLORATORY COMMITTEE) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. CANDIDATE'S SIGNATURE Michael McMillan			
M.E.C. ID NO. 0001145					